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ABSTRACT

Research attention on men who batter their female partners has focused on psychological and personality characteristics of the men. However, occupational status, educational attainment, and abuse history may have been confounded with the personality variables studied. This study made within-group and between-group comparisons of batterers and nonbatterers selected for "good" or "poor" psychosocial and demographic characteristics such as employment history, educational attainment, alcohol abuse status, and history of direct and witnessed abuse victimization. Subjects were 99 male batterers referred for spouse abuse abatement counseling (clinic-identified), 32 self-reported batterers (community-identified), and 71 nonviolent men. Within-group analyses for clinic- and community-identified batterers showed that subjects with unfavorable background characteristics had higher Millon Clinical Multiaxial Inventory (MCMI) scores on aggression and negativism and lower scores on submissiveness and conformity. Comparing nonviolent subjects with either good or poor psychosocial histories revealed no significant differences. Between-group analyses suggest that when identified batterers with favorable premorbid psychosocial histories are compared with community-identified batterers and nonviolent controls, there is evidence of greater difficulty among batterers, particularly in areas related to mood regulation and sensitivity to rejection. However, compared to previous studies, it also appears that controlling for other variables including employment status, alcohol abuse, and family-of-origin victimization experiences attenuates the differences observed between batterers and nonviolent controls. (NB)

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Psychopathology Differences Between Batterers and Nonbatterers: Psychosocial Modifiers

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Psychopathology Differences Between Batterers and Nonbatters: Psychosocial Moderators

Within the past few years, research attention has been given to psychological/personality characteristics of men who batter their female partners. A number of such studies have examined within-group batterer characteristics and have observed considerable heterogeneity, resulting in typologies. Several of those typologies are suggestive that batterers, within the across "types" show considerable psychopathology, particularly in the area of personality disorder. For example, Caesar (1986) reported, using the MMPI, Pd scores at or above 70 for three of four subtypes, with modal 2-point codes being 4-3 and 4-6 across the different types. Using descriptions of violent behaviors, arrest reports and other behavioral variables, Gondolf (1987) reported two subtypes of batterers labelled "Sociopathic" and "Psychopathic" due to the severity, chronicity and imperviousness of the batterers' violence to change or influence, even through criminal justice system involvement. Hamberger and Hastings (1986) factor analyzed the basic personality subscales of the Millon Clinical Multiaxial Inventory and observed three basic patterns: Borderline/Schizoidal, Narcissistic/Antisocial and Passive Dependent/Compulsive. The vast majority (86%) in all subgroups showed clinical elevations on one or more of the personality disorder subscales. A recent case-comparison control study (Hastings and Hamberger, 1988) also found that

batterers, compared to nonbatterers, showed higher levels of dysphoria and borderline personality charcteristics. Although the batterer and nonbatterer groups were matched on age, group differences were observed for education, occupational or employment status, and report of direct and witnessed abuse in the family of origin. According to DSM-III criteria for personalilty disorders, educational and occupational attainment are often associated features of personality disorder. Furthermore, personality development may be related to traumatic experiences. Hence, in the latter comparison, occupational status, educational attainment and abuse history may have been confounded with the personality variables and, therefore, affected the results.

The present paper reports analyses of within-group and between-group comparisons of batterers and nonbatterers selected for "good" or "poor" psychosocial and demographic characteristics. Such characteritics include employment status, educational attainment, alcohol abuse status, history of direct and witnessed abuse victimization.

Subjects consisted of 1) male batterers referred by the courts or self-referred for spouse abuse abatement counseling (Identified Batterers (n=99); 2) Nonviolent men recruited from local marriage and family therapy clinics and church-sponsored marital adjustment seminars (n=71). The criterion for inclusion in the nonviolent group was independent agreement by the man's partner that no violence (minimally at

the level of a push or shove) had occurred in the past two years (Non-violent controls, NVC, 3) a group of community-recruited men who reported (or as independently reported by their partner) violence, minimally at the level of push or shove, within the past two years (Community batterers, CB (n=32).

Within-group analyses for clinic-identified batterers and community-identified batterers showed that subjects with unfavorable background characteristics had higher MCMI elevations, particularly on the basic personality subscales including Aggression, Negativism, and lower scores on Submissive and Conforming. Community-identified batterers with unfavorable backgrounds also showed higher levels of paranoia, impulsivity and hypomania than their counterparts with favorable histories. Agency batterers with poor backgrounds also scored higher than their good background counterparts on the Asocial and Avoidant subscales.

Comparing nonviolent subjects with either good or poor psychosocial histories yeilded no significant differences on any MCMI subscale. The latter finding was not expected, and represents a divergent pattern of differences between subjects with favorable or a unfavorable histories than that observed for the two batterer groups.

In the first between-groups analysis, 33 identified batterers were selected from the database who were employed, had at least a high-school education, showed no alcohol abuse and denied having witnessed or experienced abuse

victimization. This group was compared, on the MCMI, to the NVC (n=71) and CB (n=32) groups, which were not selected on the basis of the demographics noted for the identified batterer group. Multivariate analyses on the MCMI showed CB subjects to score higher than NVC subjects on the Gregarious, Aggressive, Negativistic, Hypomania and Alcohol and Drug, subscales. The identified batterers scored higher than the NVC group on the Negativism, Borderline, Anxiety, Hysteria, Depression and Alcohol and Drug subscales.

For the second analysis, the same identified batterer group was compared with NVC (n=48) and CB (n=20) subjects who also met the same demographic criteria -- employed, no alcohol abuse, minimum high-school education, no direct or witnessed abuse victimization. Hence, all three groups were considered to have good psychosocial characteristics. Results of MANOVA's and subsequent tests showed the CB group and the identified batterers to have scored higher than the NVC group on the Alcohol and Drug subscales, and lower on the Conforming subscale.

Results of these two analyses suggest, upon initial inspection, that when identified batterers with favorable premorbid psychosocial histories are compared with community-identified batterers and nonviolent controls on the MCMI, there is evidence of greater difficulty among batterers, particularly in areas related to mood regulation and sensitivity to rejection. However, compared to two previous studies from this laboratory which controlled only for age,

and age and education range, there is evidence that controlling for other variables including employment status, alcohol abuse and family-of-origin victimization experiences attenuates the differences observed between batterers and nonviolent controls. Specifically, in the present study, there were no batterers with clinically elevated Alcohol and Drug subscales, despite the statistically significant differences. In the previous studies one entire batterer subgroup comprised alcohol-abusive batterers. Furthermore, in the previous studies identified batterers (particularly alcoholic) also showed higher elevations than nonbatterers on the Asocial, Avoidant, Aggressive, Schizoidal, Paranoid and Psychotic Thinking subscales.

Implications of these results are: 1) Moderating variables that affect personality assessment outcome should be controlled for in this area of research. 2) Even when moderating variables are controlled for, batterers continue to exhibit higher MCMI scores than nonbatterers, particualarly in the area of personality characteristics. 3) The failure, among nonviolent subjects, to show MCMI differences as a function of good vs poor background variables is a different pattern than observed for clinic identified and community identified batterers. This finding may indicate that nonbatterers are qualitatively, as well as quantitatively different from batterers, as has been suggested in previous research from this laboratory.

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Table 1.

MCMI Means: Good vs Poor Psychosocial Characteristics For The Three Groups

	Community Nonviolent		Community Violent		Agency Batterers	
	Good(48)	Poor(23)	Good(20)	Poor(12)	Good(33)	Poor(66)
Asocial	10.2	10.1	9.9	9.2	9.6	11.7
Avoidant	7.4	6.4	6.7	7.6	7.5	10.1
Submissive	12.4	11.4	12.1	10.8	13.8	11.2
Gregarious	14.2	15.0	16.2	17.3	15.2	15.2
Narcissistic	21.5	21.9	22.8	25.5	23.4	23.9
Aggressive	15.4	14.7	16.2	19.2	16.1	18.2
Conforming	28.8	26.7	25.8	21.9	26.1	23.9
Negativism	6.4	5.7	7.4	11.3	8.5	11.8
Schizoid	6.9	6.1	6.6	6.6	6.7	8.7
Cycloid	5.4	3.6	6.0	9.3	8.7	11.7
Paranoid	11.8	9.4	11.0	14.8	12.8	14.6
Anxiety	5.3	3.3	6.4	7.9	7.3	9.2
Hysteria	8.3	6.1	9.0	9.9	10.4	11.4
Hypomanic	16.3	15.5	17.8	23.0	19.2	20.1
N.Depression	5.2	3.4	5.7	7.0	7.2	9.1
ETOH	8.8	8.3	10.2	12.9	12.3	14.3
Drugs	14.0	13.5	15.4	19.5	17.6	19.6
Psychotic Thinking	4.8	3.4	4.2	5.2	5.5	7.2
Psychotic Depression	3.0	2.3	3.6	4.9	4.7	6.3
Psychotic Delusions	6.3	4.6	5.5	5.8	6.4	6.2

Table 2.

MCMI subscales differentiating subjects with favorable or unfavorable psychosocial histories in each of the three groups

	GROUP		
MCMI Category	Nonviolent	Community Violent	Agency Violent
Basic 8	None	Aggressive Negativism Conforming	Asocial Avoidant Aggressive Negativism Submissive
Severe Personality Disorder	None	Paranoid	None
Mood-Symptom Scales	None	Hypomania Drugs	None
Sever Psycho-pathology Scales	None	None	None

Table 3.

MCMI subscales differntiating nonviolent, community-identified violent men and agency-identified violent men using different levels of control of psychosocial variables

	Study Category	
	NVC vs Batterers, Control Age, Alcohol Abuse	NVC vs CB vs AIB, Control Age, Alcohol Abuse, Education
MCMI Category		
Basic Eight	Conforming Negativistic	Narcissistic Negativistic
Severe Personality Disorder	Cycloid	Cycloid
Mood-Symptom Scales	Anxiety Hysteria Depression Alcohol Drugs	Anxiety Depression Alcohol Drugs
Severe Psycho-pathology	Psychotic Depression	Psychotic Depression

	Study Category	
	Unselected NVC vs CB, AIB selected for favorable psychosocial testing	NVC, CB and AIB all selected for favorable psychosocial characteristics
MCMI Category		
Basic Eight	Gregarious Aggressive Negativistic	Conforming
Severe Personality Disorder	Cycloid	No Differences
Mood-Symptom Scales	Anxiety Hysteria Hypomania Alcohol Drugs	Alcohol Drugs
Severe Psycho-pathology	No Differences	No Differences